STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004426	A. BUILDING: _____ B. WING _____	R-C 09/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDISON PLACE	2244 Q AVE NEW CASTLE, IN 47362

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00207642 completed on August 17, 2016. Complaint IN00207642-Corrected. Survey date: September 16, 2016 Facility number: 004426 Provider number: 004426 AIM number: N/A Census bed type: Residential: 30 Total: 30 Sample: 3 Addison House was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Complaint IN00207642. Quality review completed by 30576 on September 19, 2016	{R 000}		